



Carolina Complete Health and WellCare of North Carolina Merger

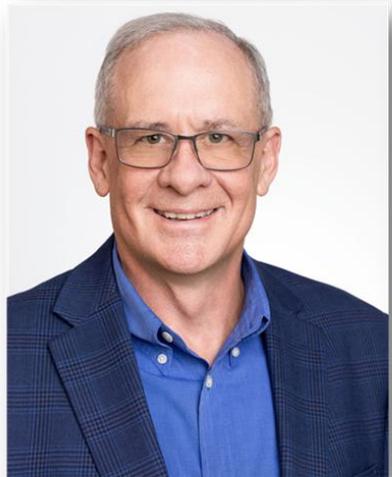
Provider Information Session



Confidential and Proprietary Information

Agenda

- Welcome and Introduction with Executive Team
- Contracting and Network FAQ
- Member Communications and ID Card
- Non-Emergency Medical Transportation
- Value-Added Services
- Tailored Plans
- Web-based Tools
- Claims and Payment
- Population Health and Clinical Operations
- Quality Program
- Key Contacts and Resources



Chris Paterson
Chief Executive Officer
Carolina Complete Health



Kelly Phillips
Chief Executive Officer
Carolina Complete Health Network



Troy Hildreth
Chief Executive Officer
WellCare of North Carolina

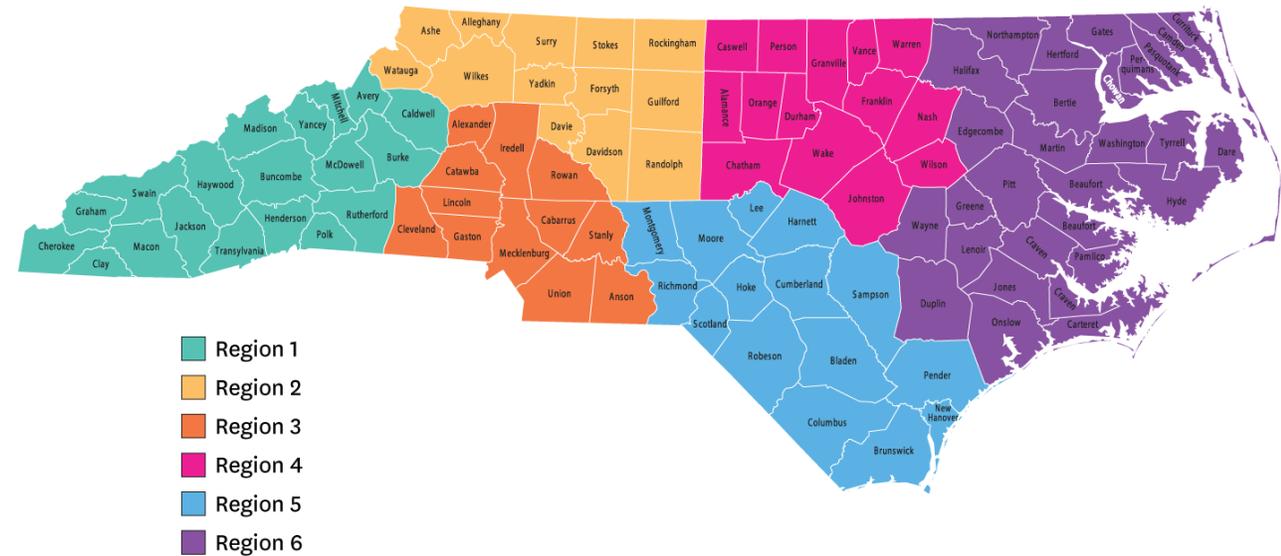


Ajhezza Martinez
Vice President, Network Development
and Contracting
WellCare of North Carolina

Executive Welcome

Single Statewide Provider-Led Entity

- WellCare of North Carolina operates in all six regions; Carolina Complete Health operates in regions 3, 4, and 5.
- **The combined health plan, named Carolina Complete Health, will be state-wide on April 1, 2026.**
- Post-merger, the combined entity will operate in all six regions, 100 counties.



770K

Standard Plan
members



Provider-Led Entity
Governance Structure

The Best of Both Plans



Provider-Led

Carolina Complete Health has operated as the single Provider-Led Entity designed to ensure local physician-based clinical leadership through the Medical Affairs Committee and Clinical Policy Workgroups.



Statewide Expertise

WellCare of North Carolina contributes valuable statewide expertise in provider collaboration, social determinant of health, and value-based arrangements.



Elite Provider Experience

Together, we will offer concierge provider support, innovation pilots, and value-based care arrangements that have been hallmarks of our plans.

The Provider-Led Entity (PLE) gives physicians, community health centers, and other providers a strong voice in the governance and clinical policy of the Medicaid health plan and the care of its members.

The new Unified Standard Plan will retain Carolina Complete Health’s structure as a Provider-Led Entity (PLE) state-wide. The PLE structure was established through a unique joint venture between Centene and the NC Medical Society in conjunction with the NC Community Health Center Association and individual Federally Qualified Health Centers. This provider ownership is operationalized through the Carolina Complete Health Network (CCHN), an organization owned in part by the NC Medical Society, NCCHCA and 27 individual health center clinics that seeks out physician and clinician expertise in medical policy and aims to give providers a voice in how to best care for their patients while reducing administrative burden.



Centene Corporation	<ul style="list-style-type: none"> • Fortune 22 company with over 30 years of Medicaid experience • #1 in Medicaid and #1 in Marketplace in the U.S., operating in 50 states • Insures over 28 million members
North Carolina Medical Society	<ul style="list-style-type: none"> • Representing physicians and PAs dedicated to enhancing the health and lives of people across North Carolina • Leading physician-informed health policy in North Carolina • Supporting practice transformation and provider recruitment strategies • Advocating for access to care in rural and medically underserved communities
NC Community Health Center Association & 27 FQHC’s	<ul style="list-style-type: none"> • Association membership includes over 40 Federally Qualified Health Center grantees and look-alike organizations. • Serving over 760,000 underinsured and uninsured • 600 clinical sites across 92 counties in North Carolina

Carolina Complete Health Network

- A subsidiary of the North Carolina Medical Society, co-owned by the North Carolina Community Health Center Association and Federally Qualified Health Centers.
- Leveraging physician and clinician expertise to improve managed care practices and reduce administrative burden
- High-touch support through dedicated Provider Engagement and Relations and concierge issue resolution.
- Committed to innovation through provider-led clinical pilots that improve health outcomes.
- Clinical policies are reviewed by multiple provider workgroups that examine policy intent, plan data, and impact on North Carolina Medicaid enrollees

Provider-Led Clinical Policy

- The Medical Affairs Committee's role and charter will remain intact.
- Carolina Complete Health's **Medical Affairs Committee (MAC)** is a sub-committee of the Carolina Complete Health Board of Directors and is comprised of a majority North Carolina Medicaid physicians.
- The MAC has board authority to make clinical policy decisions for Carolina Complete Health using feedback from specialty reviewers and clinical policy/advisory workgroups.
- **Carolina Complete Health Network** facilitates five specialty matched clinical policy/advisory workgroups:

Primary Care

Emergency Medicine

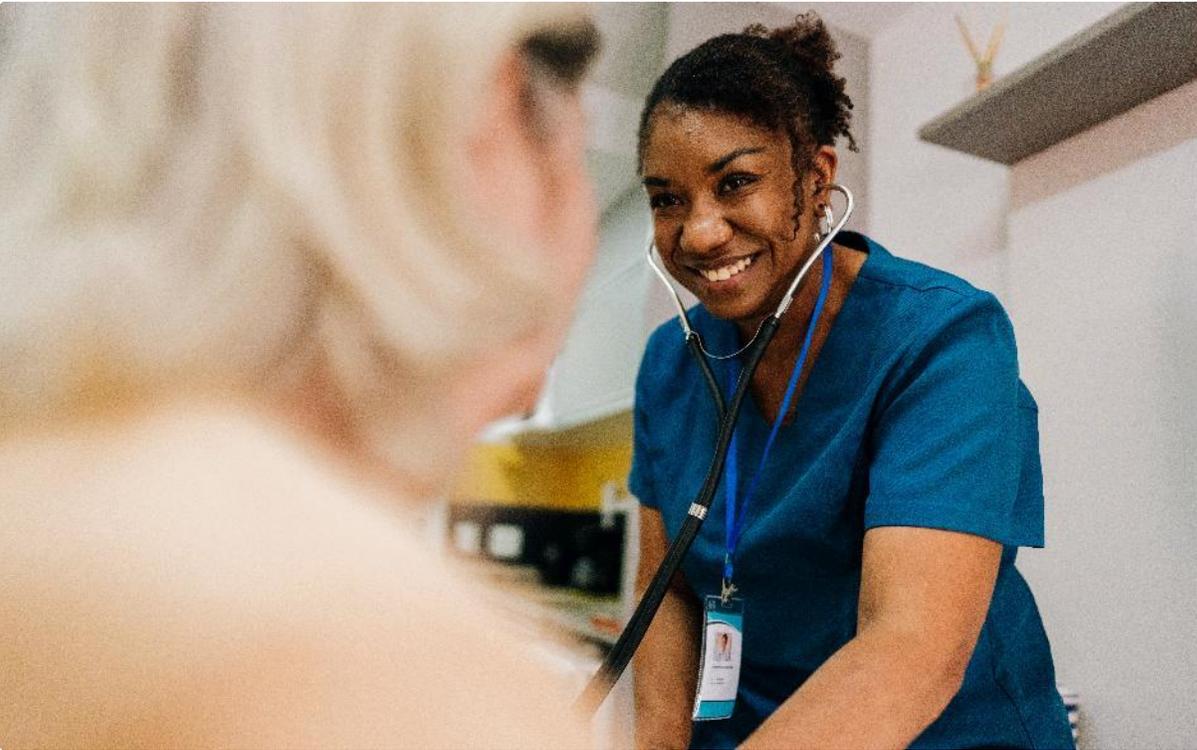
Behavioral Health

Pediatrics

Women's Health

- Current WellCare only providers will be eligible to participate in a Clinical Policy workgroup as a Carolina Complete Health provider.
- Monthly, Carolina Complete Health Network notifies providers of which policies contain proposed revisions and requests feedback from all providers.

A Streamlined, Supportive Experience



1

Fewer Payers in Medicaid Managed Care

Combining operations to create a simpler, more efficient experience for Medicaid providers.

2

Administrative Simplification

One set of processes, policies, and systems so providers have less duplicative tasks.

3

Enhance Quality Care

Members will continue to receive the same Medicaid benefits, along with an expanded selection of value-added services.

Network and Contracting



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Important Reminder

Providers:

- No action is required for providers with active Medicaid contracts with either plan. All contracted providers will be considered **in-network** with the unified plan effective April 1, 2026, and therefore your **members will stay assigned to you.**
- Contracts for Wellcare Medicare, Ambetter of North Carolina Inc., and Tailored Plan Physical Health with Trillium and Partners remain unaffected by the merger.

Members:

- No action is required from members. All WellCare of North Carolina and Carolina Complete Health members will automatically transition to the new statewide plan and keep their Primary Care Provider.

Contracting Q&A

If I have a WellCare Medicaid contract, but not Carolina Complete Health, do I need to sign a new contract to be in network on 4/1/26?

- You will not need to sign a new agreement. Your existing WellCare agreement remains in effect after the merger and will cover members under the new state-wide unified health plan, named Carolina Complete Health.

If I have a Carolina Complete Health Medicaid contract, but not WellCare of North Carolina Medicaid do I need to sign a new contract to be in network on 4/1/26?

- You will not need to sign a new agreement. Your existing Carolina Complete Health agreement remains in effect after the merger and will cover members under the new state-wide unified health plan, named Carolina Complete Health.

Contracting Q&A

If I am contracted with both entities for Medicaid, and one of the contracts is terminated, do I need to do anything? Will I be considered in-network after 4/1/26?

- You do not need to take action and will be considered in-network under the merged plan on 4/1/26.
- Importantly, whichever contract is maintained for Medicaid will remain in effect after the merger and will cover members under the new state-wide unified health plan.

Contracting Q&A

Will my patients need to change their provider or their PHP?

- If you currently hold a Medicaid contract with Carolina Complete Health or WellCare of North Carolina, you will be considered in-network on 4/1/26 and therefore, members will stay assigned to you.
- Additionally, with current WellCare Medicaid members being automatically transitioned to the unified health plan, these members will not need to change their PHP.

Is there any need for re-credentialing or any additional application process to continue serving members under the merged entity?

- There is no re-credentialing or additional application process required as part of this merger on 4/1/26.

Member Communications

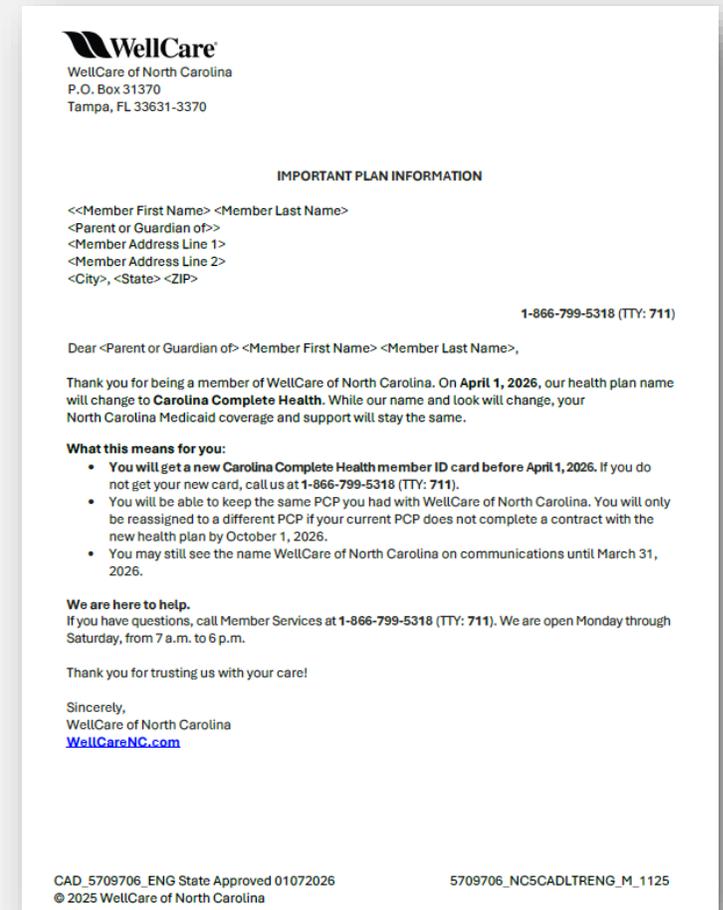


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Member Communications and Impact

- WellCare members received an announcement letter in January, followed by a series of informational materials.
- These communications will ensure members understand what is changing, what is staying the same, and how to access their benefits.
- WellCare of North Carolina members will be automatically transitioned to the integrated health plan, retaining the name Carolina Complete Health, on April 1, 2026.
- Members can **continue** seeing their same Primary Care Provider.
- Members **will not** be assigned a new Medicaid ID.
- Members receive the **same benefits** plus **new and updated Value-Added Services**.



Member Identification

- Members' Medicaid ID numbers will **not change**.
- Members will receive new Carolina Complete Health ID cards



MEDICAID ID#: [012345678901]
EFFECTIVE DATE: [MM/DD/YYYY]

Member: [Member Full Name]



Plan: Medicaid
Member Date of Birth: [MM/DD/YYYY]
AMH/Primary Care Provider Name:
 [AMH Group Name]
 [AMH Address Line 1]
 <AMH Address Line 2>
 [Provider City], [Provider State] [Zip]
 AMH/PCP Phone: [1-XXX-XXX-XXXX]

Member Portal

<p>Carolina Complete Health [1701 North Graham St., Suite 101] [Charlotte, NC 28206]</p>	<p>RXBIN: [003858] RXPCN: [MA] RXGRP: [2ERA]</p>
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carolinacompletehealth.com

For a full listing of details of carved out services, see your member handbook.

Member Services	[1-833-552-3876] (TTY: 711)
24/7 Nurse Advice Line	[1-833-552-3876] (TTY: 711)
24/7 Behavioral Health Line	[1-844-784-8906] (TTY: 711)
Provider Services	[1-833-552-3876] (TTY: 711)
Pharmacist Only	[1-833-750-4461] (TTY: 711)
Pharmacy Prior Auth	[1-833-585-4309] (TTY: 711)

If you suspect a doctor, clinic, hospital, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call **[1-919-881-2320]**.

All Medical Claims: [Carolina Complete Health, PO Box 8040, Farmington, MO 63640-8040]. **Pharmacy Paper Claims:** [7625 N Palm Ave, Suite 107 Fresno, CA 93711]

FOR EMERGENCIES: Dial 911 or go to the nearest Emergency Room

Non-Emergency Medical Transportation



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Non-Emergency Medical Transportation

Beginning April 1, 2026, Carolina Complete Health will use Medical Transportation Management (MTM) as our transportation provider. (Please note: this is a vendor change for Carolina Complete Health members)

- Members may arrange transportation up to **30 days ahead**, with a minimum of **48 business hours' notice**.
- Urgent trips can be requested less than two business days.
- MTM reservation hours are Monday through Saturday, 7 a.m. to 6 p.m. EST. MTM is closed Sundays and national holidays (New Year's Day, Memorial Day, 4th of July, Labor Day). Scheduled trips are subject to member eligibility.



New Reservation Number:

MTM Member Reservation Number: 1-844-784-8931 (TTY: 711)

Value-Added Services



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Value-Added Services

- In this merger, WellCare of North Carolina and Carolina Complete Health combined its value-added services (VAS)
- VAS details can be found at carolinacompletehealth.com/vas.

- \$75 My Health Pays Visa® Rewards Card
- \$150 Annual Household Food Allowance
- Active & Fit Gym Membership (Aged 18+)
- Doula and Breastfeeding Support Including Breast Pump
- \$150 New Parent's Package (Choice of car seat, portable crib, or stroller)
- 12 Hours of Tutoring for Members (Pre-K-12)
- \$50 Backpack with School Supplies (K-12)
- GED Prep and Exam Voucher
- \$175 Youth Program Voucher (Age 4-18)
- Up to \$150 Room to Breathe Asthma Supplies
- \$250 Housing/Utilities Allowance (per household)
- \$120 CVS® Over the Counter Allowance
- \$125 Vision Allowance for Members (Aged 21+)
- Weight Watchers Program (Aged 18+)
- Mental Health App through Teladoc
- Hearing Aids as an Extra Benefit (Aged 21+)
- \$175 Annual Expungement Certification Fee
- Transportation to VAS Service Locations
- \$100 on a Rewards Card for two (2) Tribal Talking Circles
- Cell Phone with Free Talk & Text
- Baby Bottles at Welcome Rooms
- Community Baby Showers for New or Expecting Parents
- Sensory and Alzheimer's/Dementia Kits
- Post-Hospitalization Home Delivered Meals

Tailored Plans



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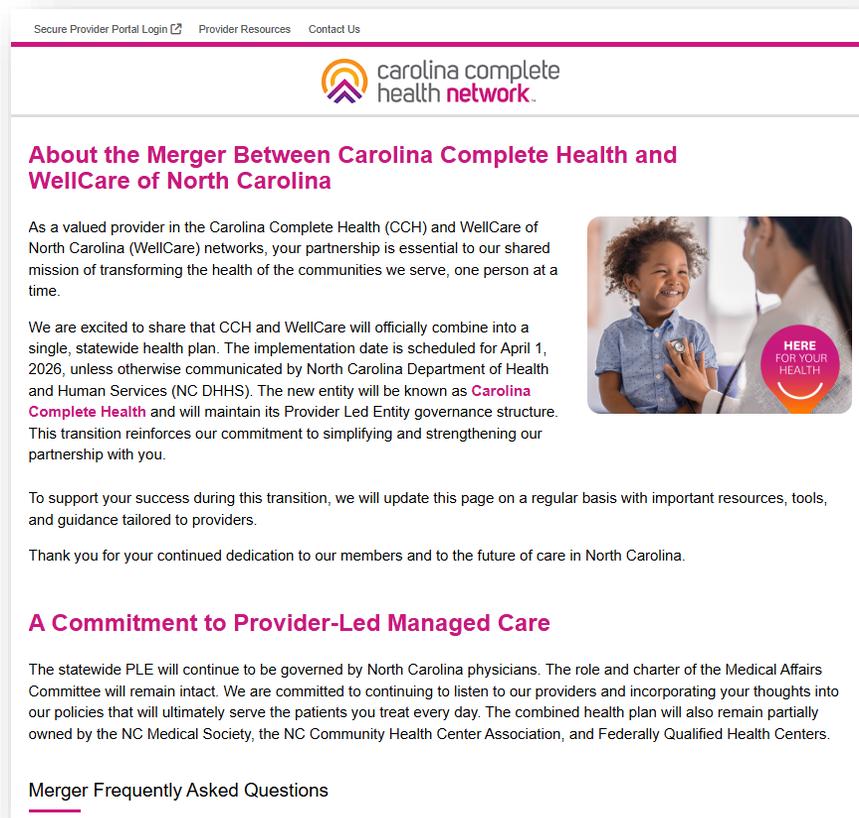
Web-based Tools



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Provider Website and Integration Resources

- network.carolinacompletehealth.com
- network.carolinacompletehealth.com/merger



Secure Provider Portal Login [Provider Resources](#) [Contact Us](#)

 carolina complete health network.

About the Merger Between Carolina Complete Health and WellCare of North Carolina

As a valued provider in the Carolina Complete Health (CCH) and WellCare of North Carolina (WellCare) networks, your partnership is essential to our shared mission of transforming the health of the communities we serve, one person at a time.



We are excited to share that CCH and WellCare will officially combine into a single, statewide health plan. The implementation date is scheduled for April 1, 2026, unless otherwise communicated by North Carolina Department of Health and Human Services (NC DHHS). The new entity will be known as **Carolina Complete Health** and will maintain its Provider Led Entity governance structure. This transition reinforces our commitment to simplifying and strengthening our partnership with you.

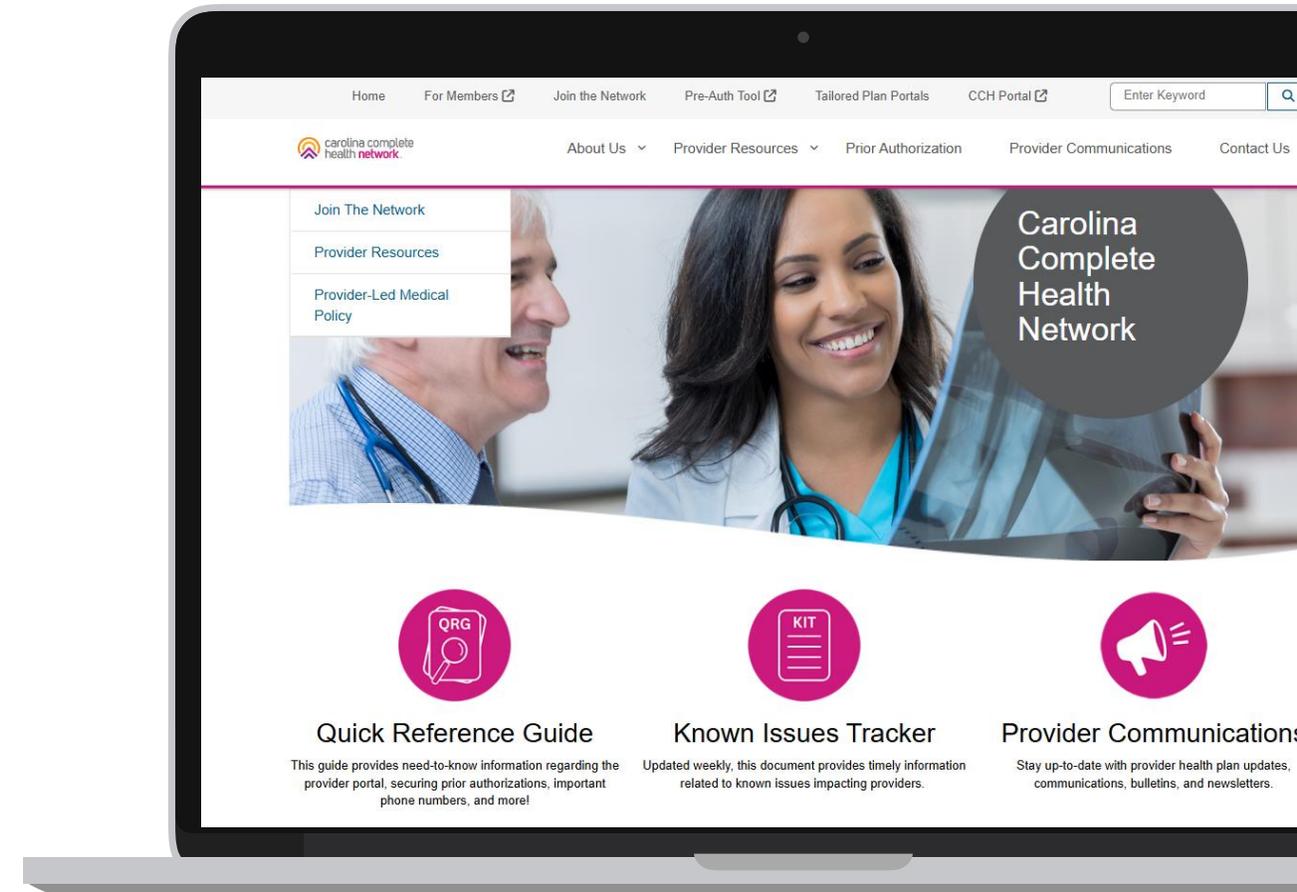
To support your success during this transition, we will update this page on a regular basis with important resources, tools, and guidance tailored to providers.

Thank you for your continued dedication to our members and to the future of care in North Carolina.

A Commitment to Provider-Led Managed Care

The statewide PLE will continue to be governed by North Carolina physicians. The role and charter of the Medical Affairs Committee will remain intact. We are committed to continuing to listen to our providers and incorporating your thoughts into our policies that will ultimately serve the patients you treat every day. The combined health plan will also remain partially owned by the NC Medical Society, the NC Community Health Center Association, and Federally Qualified Health Centers.

[Merger Frequently Asked Questions](#)



Home [For Members](#) [Join the Network](#) [Pre-Auth Tool](#) [Tailored Plan Portals](#) [CCH Portal](#)

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[Join The Network](#)

[Provider Resources](#)

[Provider-Led Medical Policy](#)

Carolina Complete Health Network



Quick Reference Guide

This guide provides need-to-know information regarding the provider portal, securing prior authorizations, important phone numbers, and more!



Known Issues Tracker

Updated weekly, this document provides timely information related to known issues impacting providers.



Provider Communications

Stay up-to-date with provider health plan updates, communications, bulletins, and newsletters.

Availity Essentials

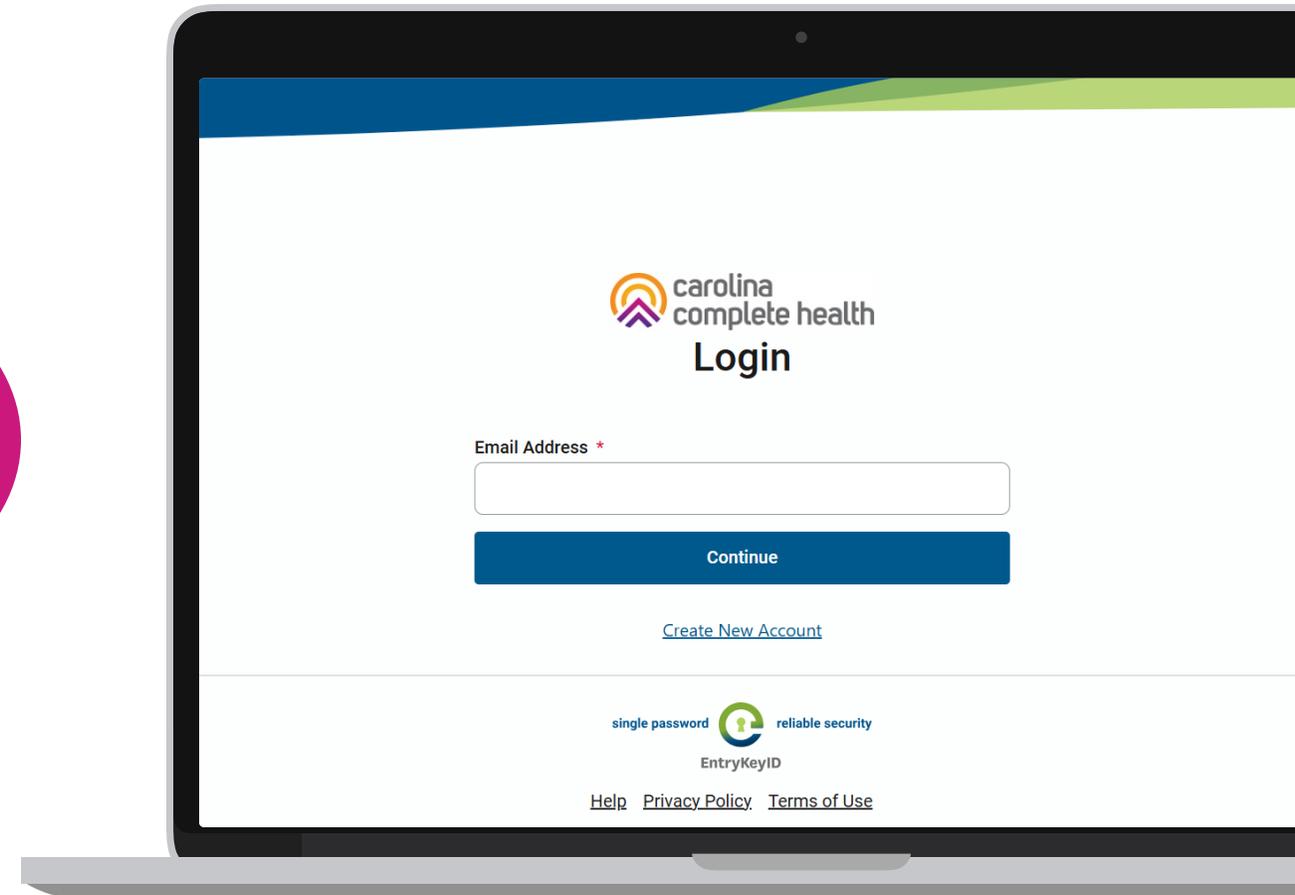
- Providers can continue using Availity Essentials: [Register and Get Started with Availity Essentials](#)
- **Chat features will be available in Availity Essentials**
- Providers Can:
 - Verify Member's Eligibility and Benefits
 - View ID Cards
 - Submit Claims
 - Check Claim Status
 - Claim Corrections
 - Remittance Viewer
 - Authorization Request/Inquiry
 - Authorization Edits
 - Submit attachments via the Attachments-New dashboard
 - Coming Soon: Claims Disputes and Appeals



Secure Provider Portal Effective 4/1/26

- New Providers may begin registering on 3/1/26!
- provider.carolinacompletehealth.com/
- Secure Provider Portal Functions:
 - Beneficiary eligibility & patient listings
 - Health records & care gaps
 - Prior Authorization
 - Claims submissions & status
 - Payment history
 - Monthly PCP cost reports
 - ...and more!
- Secure Portal Training:
 - [Provider Portal Training](#)
- Guides:
 - [Registering and Logging In](#)
 - [Submitting a Claim](#)
 - [Checking Member Eligibility and Health Record](#)

Same
Carolina
Complete
Health Portal
in use today!



Portal Account Manager

A Portal Account Manager is a role assigned to a primary contact within a provider organization. This is up to the discretion of the practice.

The **Portal Account Manager** will be able to :

- ✓ Verify new portal registrations
- ✓ Disable and/or enable user's portal access
- ✓ Modify portal permissions based on the user's role within the organization

How to Assign an Account Manager:

Once an Account Manager is determined, they should register for the [Carolina Complete Health Secure Provider Portal](#) and then email providerengagement@cch-network.com to request Account Manager access. Access will be granted within 2 business days. Once approved, the Account Manager may begin verifying users within the organization.

WellCare Portal

- Legacy systems for WellCare of NC will remain operational for historical Medicaid claim access. Historical claim access will be supported for 2 years post 4/1/2026.
- No change for Wellcare Medicare: <https://www.wellcare.com/north-carolina>
- Secure Provider Portal Functions:
 - Beneficiary eligibility & patient listings
 - Care Gap submission
 - Prior Authorization
 - Claims submissions & status
 - Payment history
 - Active member lists
- Secure Portal Training:
 - [New Provider Portal Overview Training | Wellcare](#)
 - [Portal Registration Guide](#)
 - [Provider Portal Claims | Wellcare](#)
 - [Submitting Medical Authorizations | Wellcare](#)

wellcare™ Provider Portal

Provider Login

Username*

Password*

Login

Not registered? [Register an account](#)

[Forgot Password?](#)

[Forgot Username?](#)

Thank you for using our Provider Portal.

Do you know about our **live agent chat feature**? Live-agent chat is the easiest and fastest way to get real-time support for an array of topics, including:

- Member Eligibility
- Claims adjustments
- Authorizations
- Escalations

You can even print your chat history to reference later!

We encourage you to take advantage of this easy-to-use feature.

For support with login/password or registration requests, please click the chat icon at the bottom of your screen, and our chat team will assist you. For all other support, please log in to the secure portal for additional help.

*NOTE: The secure provider portal is for participating Wellcare/Fidelis Care providers only.

Claims and Payment

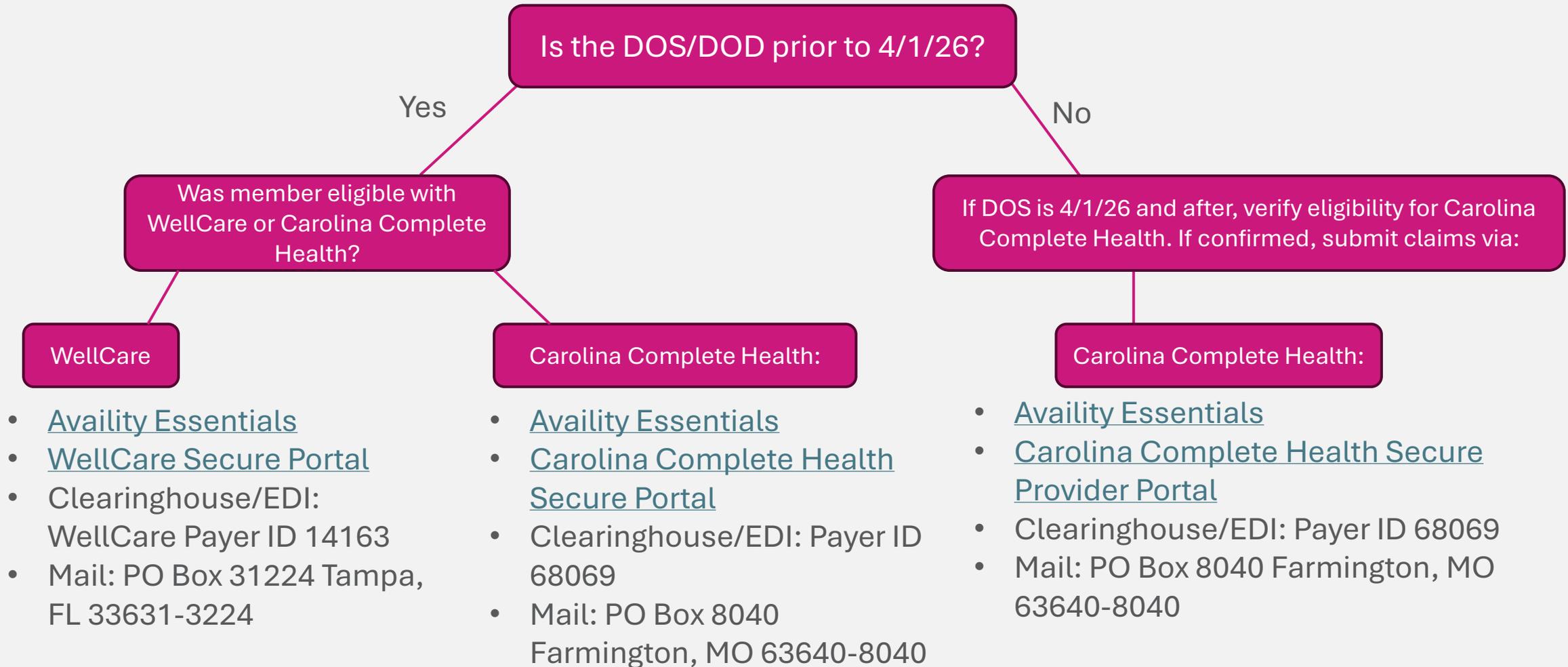


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Claims Processing

- As a unified health plan, all claims will be adjudicated using Carolina Complete Health claims processing systems.
- **For dates of service 4/1/26 and after**, submit Medicaid claims using one of the following methods:
 - [Avality Essentials](#)
 - [Carolina Complete Health Secure Provider Portal](#)
 - Clearinghouse/EDI: Carolina Complete Health Payer ID 68069
 - Mail: PO Box 8040 Farmington, MO 63640-8040
- **WellCare claims with dates of service prior to 4/1/26** should be submitted using:
 - [Avality Essentials](#)
 - [WellCare Secure Provider Portal](#)
 - Clearinghouse/EDI: WellCare Payer ID 14163
 - Mail: PO Box 31224 Tampa, FL 33631-3224
- **Timely filing for first time claims is 365 calendar days from the date of service (DOS) for Professional claims and from the date of discharge for Facility claims.**

Claim Submission Decision Tree



WellCare NC Legacy Systems and Historical Claims

- Legacy systems for WellCare of NC will remain operational for historical claim access.
- Historical claim access will be supported for 2 years post 4/1/2026. Two (2) years of historical claims will be accessible via the legacy provider portal.
- For dates of service prior to 4/1/26, providers with a WellCare claim should submit via the WellCare claim submission methods within 365 days of the service.
- Claims with dates of service prior to 4/1/2026, will be subject to the existing dispute and appeals process. [Disputes and Appeals Cover Sheet](#)

Disputes:

WellCare Health Plans

Attn: Claim Payment Disputes

P.O. Box 31368

Tampa, FL 33631-3368

Appeals and Reconsiderations:

WellCare Health Plans

Attn: Appeals Department

P.O. Box 31368

Tampa, FL 33631-3368

Claim Dispute Process Effective 4/1/26

- Effective for claims with Dates of Service 4/1/26 and after, contracted providers have **90 calendar days** from the date of the Explanation of Payment (EOP) or Electronic Remittance Advice (ERA) to submit a claim dispute, unless otherwise designated by contract.
- Non-par providers have 60 calendar days from the EOP/ERA to submit a claim dispute. This was previously 365 calendar days for Carolina Complete Health.
- Claim disputes can be submitted through portal, fax, or mail:
 - Portal: provider.carolinacompletehealth.com
 - Fax: Select “Provider Claim Dispute” on the *Claim Appeal/ Disputes Form* and faxing the completed form to 833-641-0206. Please only submit one claim per form submission, with a maximum of 400 pages.
 - Mail: Select “Provider Claim Dispute” on the *Claim Appeal/ Disputes Form* and mail the completed form to
Carolina Complete Health
Attn: Medicaid Claim Disputes/Appeals Department
PO Box 8040
Farmington, MO 63640-8040

Claim Correction Process Effective 4/1/26

- Claim correction: when a provider needs to make a correction to the initial submission. For example, to correct invalid or incorrect information in the initial submission.
- Contracted providers have 365 calendar days from the date of service to file a timely claim correction.
- Claim corrections can be submitted through the Availity Essentials, Secure Portal, EDI, or paper claim form.

Check-run Schedule and Electronic Funds Transfer

- The check-run schedule occurs on **Monday, Wednesday and Friday**. Payment is issued to providers the following business day.
- Providers can continue using Payspan, a free solution that provides electronic payment and remittance.
- If providers already use Payspan for WellCare, but not Carolina Complete Health, you can add a line-of-business with a new registration code (provided by Payspan) to set up EFT/ERA with Carolina Complete Health.
 - Contact Payspan via email or phone: PayspanProviderSupport@zelis.com or 1-877-331-7154
- Providers can set up EFT for claim payments, Advanced Medical Home payments, and Tier 3 Care Management payments. Advanced Medical Home and Care Management payments are considered “ALT” payments and require a separate Payspan registration code.

Population Health and Clinical Operations



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Prior Authorizations (PA)

Transition of Care:

- For services provided to WellCare of NC members before April 1, 2026, continue submitting authorization requests through WellCare or the appropriate WellCare vendor using the WellCare NC Provider Portal, the vendor portal, fax, or phone.
- For services that will be provided *on 4/1/26 or after*, submit authorization requests to Carolina Complete Health or the integrated plan vendor (via the Carolina Complete Health provider portal, vendor portal, via fax or phone to Carolina Complete Health, or through Availity).
- Existing WellCare Prior Authorizations: Authorizations entered and approved before 4/1/2026 will be transferred to Carolina Complete Health. If a service was approved before 4/1/26 but is performed on or after 4/1/26, the claim will process correctly *when filed with Carolina Complete Health*.
 - Example – an authorization is requested and approved for a 60-day period from 3/15/26 - 6/15/26. The authorization will be valid for services provided after 4/1/26, even though it was approved while the member was covered under WCNC prior to the integration date.

Prior Authorization Reminders

- The same UM staff and medical director teams that have been serving you for prior authorization reviews will continue to do so, as a combined team. They remain familiar with the nuances of NC Medicaid.
- Peer to peer process will mirror that of Carolina Complete Health after 4/1 for authorizations requested after that date.
- Clinical policies that will be used will be posted on the Carolina Complete Health website no later than 60 days before the 4/1/26 integration date.

Timeframe for PAs and Notifications remain the same:

- Standard Service Requests: Submit a PA fourteen (14) business days prior to date of service
- Emergent/Urgent: One (1) business day of the admission for ongoing concurrent review and discharge planning.

PA Submission Methods

Prior Authorization Request

Authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The beneficiary must be Medicaid eligible and a Carolina Complete Health member on the date of service. See reverse side for instructions.



I. GENERAL INFORMATION								
1. Name (Last, First, M.I.)	2. Date of Birth (MM/DD/YY)	3. NC Medicaid ID Number						
4. Address (Street, City, State, Zip Code)								
5. Diagnosis Code	6. Diagnosis Description							
7. Servicing Facility/Group Practice: Name, TIN, NPI, Address								
II. SERVICE INFORMATION		FOR PLAN USE ONLY						
8. REF. NO	9. Procedure Code	10. From	11. Through	12. Description of Service/Item	13. QTY or Units	APPR.	Denied	Amount Allowed if Priced by Report
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
14. Detailed explanation of Medical Necessity for Services/Equipment/Procedure/Prosthesis (Attach additional pages if necessary)								
III. PROVIDER			IV. PRESCRIBING/PERFORMING PRACTITIONER					
15. Provider Name			19. Provider Name		20. Telephone			
16. Address			21. Address					
17. NPI and TAX ID			22. NPI and TAX ID					
18. Fax Number			By submitting this form, the Provider identified in this Section V. certifies that the information given in Section I and III of this form is true, accurate, and complete.					
V. FOR PLAN USE ONLY								
Denial Reason(s): Refer to table above by reference numbers (REF NO.)								
IF APPROVED: Services Authorized to Begin			Date	Reviewed by Signature				

Please Fax Completed Form to:

Outpatient Prior Authorization Requests	833-238-7694	Medical Records	833-238-7693	Inpatient Behavioral Health PA	833-596-2768
Initial Inpatient Requests and Face Sheets	833-238-7690	Physician Administered Drug Off Label Request	833-465-1703	Outpatient Behavioral Health PA	833-596-2769
Concurrent Records	833-238-7692				

Continued on page 2

- Prior Authorization Requests can be submitted via the Secure Provider Portal, Availity Essentials, by phone or via fax.
- Provider portal: <https://provider.carolinacompletehealth.com/>
- Availity Essentials: <https://essentials.availity.com/login>
- [Prior Authorizations Fax Form](#) can be found on the Carolina Complete Health website under the Prior Authorization tab to submit via phone and fax.
- Phone: 1-833-552-3876
- Fax: Outpatient PA Requests: 833-238-7694
Initial Inpatient Requests: 833-238-7690
Concurrent Records: 833-238-7692
Inpatient Behavioral Health PA: 833-596-2768.
Outpatient Behavioral Health PA: 833-596-2769

Prior Authorizations (PA) Check Tool

DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response

Vision Services need to be verified by Envolve Vision.
[Dental Services are administered by the State.](#)

[Complex imaging, MRA, MRI, PET, and CT scans need to be verified by Evolent.](#)

Non-participating providers must submit Prior Authorization for all services.
[For non-participating providers, Join Our Network.](#)

Are Services being performed in the Emergency Department or Urgent Care Center or Family Planning services billed with a Contraceptive Management diagnosis?

Yes No

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input type="radio"/>
Are services being rendered for pain management?	<input type="radio"/>	<input type="radio"/>
Are oral surgery services being provided in the office?	<input type="radio"/>	<input type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input type="radio"/>

To submit a prior authorization [Login Here](#)

- Use the Carolina Complete Health Standard Plan Pre-Auth Tool, which can be found on the Carolina Complete Health website, to check if a service or procedure requires prior authorization.
- [Carolina Complete Health Standard Plan Pre-Auth Tool](#)

Prior Authorization Reminders and Resources

- Emergency / Urgent services do not require prior authorization
- All out-of-network services and providers require prior authorization
- Failure to complete the required authorization or notification may result in denied claim
- Please include Contact Information on Authorization Requests

Provider Resources:

- [How to Secure a Prior Authorization](#)
- [Carolina Complete Health Standard Plan Prior Authorization Fax Form](#) (Also reference the [PA Form Tip Sheet](#))
- [Documentation Tips for Prior Authorization Submission](#)
- [How to View Authorizations and Assessments in the Secure Portal](#)

Non-Covered Services and Beyond Benefit Limits

- Prior Authorization is required when:
 - A provider determines a member needs services not included in NC Medicaid covered services/procedures or products
 - A provider determines a member needs services, procedures, or products beyond the identified benefit limits.
- Prior Authorization requirements:
 - When submitting an authorization for the above, providers should fax the request and note the reason for the request:
 - “PA request due to a need beyond the benefit limit”
 - “PA review needed due to code not being found on the NC Medicaid Managed Care Covered Code list”

EXAMPLES:

Code/Description	Pre-Auth Check Tool	Benefit Limit per Policy	PA Requirement Beyond Limit/Not Covered
A6258 – Transparent film, sterile, >16 sq. in. but ≤48 sq. in., each dressing	No PA required for all providers	16 per month	PA required if member needs >16/month
T4544 – Adult-sized disposable incontinence product, protective underwear/pull-on, above extra large, each	No PA required for all providers	200 per month	PA required if member needs >200/month
A7035 – Headgear used with positive airway pressure device	No PA required for all providers	2 per year	PA required if member needs >2/year
S9480 – Mental Health Intensive Outpatient Program	PA required for non-par providers	Not an NC Medicaid covered code	PA required

Authorizations for Specialized Therapies

Effective April 1, 2026:

- PT/OT/ST authorizations can be submitted directly to the unified health plan. Providers should submit authorization requests to the health plan through the [Carolina Complete Health Secure Portal](#), [Avality Essentials](#), phone or fax. Please use the Pre-Auth Tool to check on a specific service or procedure.

Required documentation includes:

- Signed MD Order within the last 6 months
- Evaluation/progress notes from the past 3 months Plan of Care
- For continuations: new order (if previous is signed & dated longer than 6 months ago) and an updated plan of care stating frequency and duration of therapy.
- [PT/OT/ST FAQ](#)

Vendor Programs Before and After

	Current Carolina Complete Health vendor	Current WellCare of North Carolina vendor	Carolina Complete Health Integrated Plan
Radiation Oncology	None	Evolent	Evolent: effective no earlier than 5/1/26
Musculoskeletal Surgery	None	Evolent	Evolent: effective 4/1/26
Interventional Pain Management	None	Evolent	Evolent: effective 4/1/26
Advanced Imaging	Evolent	Evolent	Evolent: continue on 4/1/26 as you do today.
Physical, Occupational, Speech Therapy	None	Evolent	None. Submit directly to health plan.
Cardiovascular Procedures	None	Evolent	TurningPoint: effective no earlier than 5/1/26
Sleep Diagnostics	None	EviCore	None. Submit directly to health plan.
Genetic Testing	None	EviCore	EviCore effective no earlier than 5/1/26.
Vision Services	Centene Vision Services	Centene Vision Services	Centene Vision Services
NEMT	Modivcare	Medical Transportation Management (MTM)	Medical Transportation Management (MTM)

UM Vendor Programs for Integrated Plan

- **EviCore:** Lab Management for genetic testing
 - [Clinical Guidelines](#)
 - eviCore Provider Web Portal: <https://www.evicore.com/>
 - Phone: 1-888-333-8641
- **Evolent:** Radiation Oncology, Musculoskeletal Surgery, Interventional Pain Management, Advanced Imaging.
 - Web resources: <https://www1.radmd.com/all-health-plans/carolina-complete-health>
 - Provider Portals: <https://www.evolent.com/provider-portal>
 - Rad Oncology: Utilize the CarePro Provider Portal
 - Advanced Imaging, MSK, and IPM utilize the RadMD™ Provider Portal
 - Phone: 1-800-424-4889
- **TurningPoint:** Cardiovascular Procedures
 - Portal: <http://www.myturningpoint-healthcare.com>
 - Phone: 984-377-8573 | 855-909-5444
 - Fax: 833-986-1059

Quality Program



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Quality

Our commitment to quality outcomes and patient safety remains unchanged throughout the merger transition.

Quality Performance

- No disruption to care delivery: Continue current workflows, documentation, and evidence-based programs.
- Quality priorities and incentive measures are aligned with the Department's priorities for the combined entity.
- Providers will continue to have a single point of contact that manages relations and assigned Quality contact.

Care Gaps and Preventive Care

- Address open care gaps (e.g., screenings, immunizations, chronic conditions) without interruption. Members will continue to receive outreach and reminders from health plan.
- Carolina Complete Health's current incentive model will continue for the merged entity. Measures, targets for each year will be distributed through the Provider Engagement teams.

Data, Analytics & Reporting

- Quality and performance data remain accessible via provider portal and packets sent prior to meeting.
- Data validation and reconciliation underway for merged entity membership; analytics will continue to include actionable insights.
- Advance notice for any changes affecting reports or workflows.
- Supplemental Data set up process will remain the same and any adjustment will be communicated with impacted Practices.

Pay-for-Performance Program

Measures, Targets, Weights, & Incentives:

MY 2026 Pay for Performance Models for Practices with Pediatric and Mixed-age members

	Mixed Age Model			Pediatric Model		
	Target 1 50%	Target 2 100%	Weight	Target 1 50%	Target 2 100%	Weight
Adult Access To Preventive Visit (AAP)	65.02%	78.05%	6.00%	60.98%	78.05%	10.00%
Cervical Cancer Screening (CCS-E) - <i>Withhold</i>	49.83%	52.32%	8.75%			
Child & Adolescent Well-Care Visits (WCV) - - <i>Withhold</i>	57.72%	67.63%	8.75%	57.72%	67.63%	12.50%
Colorectal Cancer Screening (COL-E)	33.79%	41.39%	6.00%			
Chlamydia Screening in Women (CHL)	64.53%	70.67%	6.00%	62.73%	70.67%	10.00%
Glycemic Status Assessment for Patients With Diabetes <8.0% (GSD)	25.75%	60.58%	6.00%			
Controlling High Blood Pressure (CBP)	44.41%	67.88%	6.00%			
Immunizations for Adolescents (IMA Combo 2) - <i>Overall Rate - Withhold</i>	33.48%	36.48%	8.75%	33.48%	36.48%	12.50%
Immunizations for Adolescents (IMA Combo 2) - <i>Priority Pop.- Withhold</i>	30.48%	33.82%	8.75%	30.48%	33.82%	12.50%
Well Child Visits: 15-30 Months (W30) - <i>Overall Rate</i>				71.70%	82.12%	8.75%
Well Child Visits: 15-30 Months (W30) - <i>Priority Pop.- Withhold</i>	69.45%	76.29%	8.75%	69.45%	76.29%	12.50%
Well Child Visits: 0-15 Months (W30) - <i>Overall Rate</i>				70.81%	71.71%	8.75%
Well Child Visits: 0-15 Months (W30) - <i>Priority Pop.- Withhold</i>	65.33%	68.12%	8.75%	65.33%	68.12%	12.50%
Postpartum Care (PPC) - <i>Withhold</i>	74.07%	82.48%	8.75%			
Timeliness of Prenatal Care (PPC) - <i>Withhold</i>	64.13%	86.37%	8.75%			

**These measures and targets are for our standard incentive model available to our contracted Providers. These may vary for those participating in value-based arrangement. Refer to your specific agreement terms for more information.*

Key Contacts and Provider Resources



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Provider Resources

- [Merger Landing Page](#)
- [Provider Communications](#)
- New Provider Orientation: 2nd Tuesday of every month, [register in advance!](#)

Key Contacts:

Carolina Complete Health Network

Provider Services: [1-833-552-3876](tel:1-833-552-3876)

Provider Engagement:

providerengagement@cch-network.com

Provider Relations:

NetworkRelations@cch-network.com

WellCare of North Carolina

Provider Engagement: [1-984-867-8637](tel:1-984-867-8637)

Provider Engagement Email:

NCProviderRelations@Wellcare.com

Upcoming Sessions



Provider Info Sessions (All sessions begin at 12PM)

- March 5th
- March 19th
- April 2nd
- April 16th
- [Register Here](#)



Carolina Complete Health Secure Portal Training (All sessions begin at 12PM)

- February 26th
- March 12th
- March 26th
- April 9th
- April 23rd
- [Register Here](#)

Appendix



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Member and Provider Timeline

January

- Warming letter mailing begins to WellCare members on 1/20/26
- Website merger landing page launch (member and provider)
- Newsletter to Providers announcing integrated health plan name and go-live date (1/16)
- Publish provider bulletin with information session invitation and provider portal training (1/30)

February

- Member welcome packets begin mailing on/about 2/23/26 to WellCare members
- Member ID cards begin mailing on/about 2/26/26 to Carolina Complete Health and WellCare members
- WellCare and Carolina Complete Health member newsletters
- Launch virtual Provider Information Session
- Launch Provider Portal trainings
- Continued updates to published provider FAQs and provider landing page
- Continued provider newsletter updates

March

- Retention/welcome calls to WellCare members
- Providers new to Carolina Complete Health can register for the Carolina Complete Health Secure Provider Portal beginning 3/1/26
- Continued information sessions and trainings, bi-weekly covering Portal and Integration Information

April 1st Merger

- Onboarding text messaging to WellCare members
- Retention/welcome calls to WellCare members
- Carolina Complete Health updated/combined Value-Added Services live
- Member information/ orientation meetings
- Member appreciation events
- Continued member and provider newsletters
- For claims with dates of service 4/1/26 and after, submit to the unified health plan.
- Continued information sessions and trainings, bi-weekly covering Portal and Integration Information
- Provider Welcome Letter in production for new integrated plan

May and onward

- Onboarding text messaging to WellCare members
- Member information/ orientation meetings
- Member appreciation events
- Continued Provider education support through provider communication channels and direct provider engagement and relations, JOCs, etc.

Current WellCare Contract Only

- You will be considered in-network with the unified health plan on 4/1/26
- You do not need to sign a new contract.
- If you hold contracts with both WellCare and Carolina Complete Health and receive a termination notice for one of those contracts, **no action is required on your part**. Your remaining contract will stay active, and you will continue to be considered in-network as of April 1, 2026.
- WCNC members will receive a Carolina Complete Health Member Packet and ID card prior to 4/1/26. These members will no longer be WellCare Medicaid members. They will be considered Carolina Complete Health members.
- If you have a Wellcare Medicare contract, you will continue supporting Wellcare Medicare the same way you do today.

Next Steps:

- Register for the [Carolina Complete Health Secure Portal](#) and attend [Carolina Complete Health Portal Training](#) or continue using [Availty Essentials](#)
 - For portal registration: provider.carolinacompletehealth.com
- Enroll with Payspan EFT/ERA: visit <https://www.payspanhealth.com/> and click register.
- Sign up for [Carolina Complete Health Provider Communications](#)
- Bookmark [Integration Provider Page](#)

Current Carolina Complete Health Contract Only

- You will be considered in-network on 4/1/26
- You do not need to sign a new contract.
- Physical Health contracts for Trillium and Partners Tailored Plan remain unaffected by the merger.
- If you are not registered with Payspan, please visit payspanhealth.com/nps and select “Register” to enroll.
- To access the Carolina Complete Health Provider Portal, please complete your registration at: provider.carolinacompletehealth.com or continue using [Avality Essentials](#)

Next Steps:

- Bookmark [Integration Provider Page](#)

Currently Contracted with WCNC and Carolina Complete Health

- You will remain in network on 4/1/26
- If you hold Medicaid contracts with both WellCare and Carolina Complete Health and receive a termination notice for one of those contracts, **no action is required on your part**. Your remaining contract will stay active, and you will continue to be considered in-network as of April 1, 2026.
- If you currently have a Wellcare Medicare contract, you will continue serving Wellcare Medicare as you do today.
- Physical Health contracts for Trillium and Partners Tailored Plan remain unaffected by the merger.
- WCNC members will receive a Carolina Complete Health Member Packet and ID card prior to 4/1/26. These members will no longer be WellCare Medicaid members. They will be considered Carolina Complete Health members.

Next Steps:

- To access the Carolina Complete Health Provider Portal, please complete your registration at: provider.carolinacompletehealth.com
- If needed, attend [Carolina Complete Health Provider Portal training](#)
- Bookmark [Integration Provider Page](#)

Portal Access for Third-Party Billers

Third-party billing entities supporting Carolina Complete Health providers should be granted access to the Secure Provider Portal by the practice's Portal Account Manager.

Access Steps:

1. Portal Account Manager sends an invitation to the third-party billers email address.
2. The biller receives an email link to the Carolina Complete Health Secure Provider Portal
3. The biller completes the account set-up by:
 - Creating an account
 - Verifying their email address
 - Entering the TIN, phone number and fax number (enter "0" if not available).
4. The biller contacts the Portal Account Manager to request account verification.
5. Once verified the biller can log in and submit claims and view claims.

For additional information please contact ProviderEngagement@cch-network.com and review the [Third-Party Biller Provider Portal Set-up \(PDF\)](#)

Registering for Payspan

To register for Payspan for the first time, you will need a registration code to get started. To begin registering, enter your PIN, TIN or EIN, and NPI. You can obtain your registration code in 1 of 3 ways:

1. Call 1-877-331-7154 to get your unique registration code (Monday thru Friday 8:00am to 8:00pm EST)
2. Send an email to Payspan at providersupport@payspanhealth.com and request a registration code. Be sure to include your Tax ID# (TIN), Health Plan name, and your contact information in your email.
3. Request a registration code on the [Payspan Health](#) website.

Once you have your registration code, you will visit the [Payspan Health](#) website, Click Start Registration and enter the requested information. Once complete, click Confirm.

Within a few business days, you will receive a deposit of less than \$1 from Payspan Health. Follow these steps to complete registration:

1. Log in to Payspan Health and click Payments.
2. Click the Account Verification link to the left side of the screen.
3. Enter the amount of deposit in this format: \$X.XX.

Claims Resources

- [Carolina Complete Health Electronic Claim Submission Methods](#)
- [Claims and Billing FAQ](#)
- [FQHC Billing Guidance](#)
- [Payspan Provider Guide](#)

Thank you!

We look forward to your partnership as the first and only **state-wide** Provider-led Entity!

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